



COMPLAINT FOR REVIEW OF ASSESSMENT
State Tax Commission of Missouri
P.O. Box 146, Jefferson City, Missouri 65102-0146

REAL PROPERTY

TYPE OR PRINT

Taxpayer's Name:					
Street Address of Property:			City:	State:	Zip Code:
Locator or Parcel Number of the Property:			County in Which the Property is Located:		
Current Classification of the Property: <input type="checkbox"/> Agricultural <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed-Use If the property is an apartment building, condominium, vacant lot or subsidized housing, please indicate: _____					
Value set by the Assessor		Value set by the Board of Equalization		Taxpayer's Proposed Value	
True Value (Market)	Assessed Value	True Value (Market)	Assessed Value	True Value (Market)	Assessed Value

Value of the property is generally an issue in every appeal. If you believe the assessment is incorrect on other grounds, you must indicate those grounds by checking the appropriate boxes. *Check all that apply.*

If you do not specify any other ground, this complaint will be reviewed only for overvaluation.

- ☐ Discrimination
- ☐ Misgraded Agricultural Land
- ☐ Exemption – the property should be exempt because it is:
☐ Religious ☐ Charitable ☐ Educational ☐ Other (explain) _____
- ☐ Misclassification – the proper classification of this property should be:
☐ Residential ☐ Agricultural ☐ Commercial ☐ Mixed-Use
- ☐ Other (explain): _____

A COPY OF THE BOARD OF EQUALIZATION DECISION MUST BE ATTACHED TO THIS FORM.

Please note: Only the taxpayer or his attorney may sign this Complaint. Missouri law requires attorney representation for all corporations, partnerships, trusts and other legal entities which are not natural persons. *There are no exceptions.*

Taxpayer or Attorney Signature – Please Print then Sign:			DO NOT WRITE IN THIS SPACE
Daytime Telephone (with Area Code) :		Bar Number:	
Mailing Address (Street/Box Number)			
City	State	Zip Code	